



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 01/15/2014  
Business ID: 694752  
William M. Gardner  
Secretary of State

Canis Properties, LLC

515 Daniel Webster Hwy, Unit N  
Merrimack, NH 03054

## ADDRESS OF PRINCIPAL OFFICE:

515 Daniel Webster Hwy, Unit N  
Merrimack, NH 03054

## REGISTERED AGENT AND OFFICE:

Threlfall, Judy Anne  
515 Daniel Webster Hwy Unit N  
Merrimack, NH 03054

ENTITY TYPE: LLC

BUSINESS ID: 694752

STATE OF DOMICILE: NEW HAMPSHIRE

real estate investment

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME Judy Anne Threlfall  
STREET 515 DW Hwy Unit N  
CITY/STATE/ZIP Merrimack, NH 03054  
NAME MARK EDWARD Threlfall  
STREET 515 DW Hwy Unit N  
CITY/STATE/ZIP Merrimack, NH 03054  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here.

Please print name and title of signer:

NAME

Judy Anne Threlfall

TITLE

Manager

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

judy@superdogsdaycare.com

State of New Hampshire  
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FORM IS  
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